

Implementing the National DPP Lifestyle Change Program:

Commercial Health Insurance Plans & Self-Insured Employers

How to get started, and what carriers need to know for success

More information available from <https://coveragetoolkit.org/>

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Step #1: Know the Program

About the National DPP Lifestyle Change Program

Investing in efforts to slow or prevent the development of type 2 diabetes results in reduced costs and healthier populations. To address the growing problems of prediabetes and type 2 diabetes, CDC has established the National Diabetes Prevention Program (National DPP) lifestyle change program, which is an evidence-based program focused on helping at-risk participants make positive lifestyle changes such as eating healthier, reducing stress, and increasing physical activity.

Key Facts

- Designed for people 18 years or older who have prediabetes or are at-risk for type 2 diabetes, but who do not already have diabetes.
- Year-long program delivered in-person, online, or through a combination approach.
- Includes a minimum of 16 weekly sessions during the first six months and at least six monthly sessions during the second six months.
- Taught by trained lifestyle coaches (health professionals or non-licensed personnel).
- Includes group support (recommended group size ranges between 10 and 25 participants. Online groups may be larger.)
- Organizations offering the National DPP Lifestyle Change Program can use a curriculum developed by CDC, develop their own curriculum and submit it to CDC for approval, or receive permission to use another organization's curriculum as long as it is CDC approved.
- Thousands of CDC-recognized organizations deliver the National DPP lifestyle change program across the 50 states and D.C. To find a program near you, click [here](#).

For more information, click [here](#).

Evidence-Based Program

The National DPP lifestyle change program is an evidenced-based program. People with prediabetes who take part in this structured lifestyle change program can cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). This is the result of the program helping people lose 5% to 7% of their body weight through healthier eating and 150 minutes of physical activity a week. People who completed a type 2 diabetes prevention lifestyle change program were one-third less likely to develop type 2 diabetes after 10 years.

Cost-Effective

The program has proven to be cost-effective and can be cost saving, depending on the mode of delivery, the target population, and other factors. With funding from a Center for Medicare & Medicaid Innovation (CMMI) Health Care Innovation Award, the YMCA of the USA (Y-USA) delivered the National DPP lifestyle change program to Medicare beneficiaries in eight states. Results showed that in the first five quarters of the program, savings amounted to \$2,636 per participant. For more information, click [here](#).

Step #2: Make the Case

Approximate Costs

Approximate [costs for administering the National DPP](#) lifestyle change program to a participant who completes all 22 sessions of the yearlong program (16 weekly sessions during the first six months and six monthly sessions during the second six months) is \$500. This does not include the cost of incentives or additional services such as program supports, child care, or healthy snacks. Activities that drive program cost include marketing and recruitment efforts, facility costs, and direct program delivery costs, including staffing.

Make the Case

Most commercial health insurance plans and self-insured employers want to know the return-on-investment (ROI) to make the business case for offering the program. The CDC has developed a [Diabetes Prevention Impact Toolkit](#) that enables entities to assess the likely cost-effectiveness or cost-savings of the program based on an organization's own data (if available) and best available data from relevant research, program implementation, and state and industry averages.

Consider Other Factors

The National DPP lifestyle change program can also [improve](#) general health, physical function, reduce bodily pain, and improve vitality scores on a health survey after three years. Similarly, another [study](#) concluded that weight loss because of the National DPP lifestyle change program was associated with improvements in measures of health-related quality of life. Finally, a [study](#) of a work place diabetes prevention lifestyle change program found improved metabolic and behavioral risk factors among employees with prediabetes. For more information click [here](#).

Step #3: Build your National DPP Lifestyle Change Program Network

Know Your Delivery Options

Commercial plans and employers have several options for administering the National DPP lifestyle change program. These options are not mutually exclusive and include contracting with CDC-recognized organizations that offer the program:

1. In-person. Yearlong lifestyle change program delivered 100% in person for all participants by trained lifestyle coaches. In-person National DPP lifestyle change programs are offered by a variety of organizations, including but not limited to hospitals, health plans, YMCAs, diabetes self-management education and support (DSMES) programs, pharmacies, Cooperative Extension Centers, local health departments, community-based organizations, and faith-based organizations. Click [here](#) for a list of CDC-recognized organizations in your state.

2. Online. Yearlong lifestyle change program delivered 100% online for all participants. Participants interact with lifestyle coaches at various times and by various communication methods, including online classes, emails, phone calls, or texts. Click [here](#) for a list of online, or combination in-person/online CDC-recognized organizations in your state.
3. Distance Learning. Yearlong lifestyle change program delivered 100% by trained lifestyle coaches via remote classroom or telehealth (i.e., conference call or Skype) where the lifestyle coach is present in one location and participants are calling or video-conferencing in from another location.
4. Contracting with a third-party administrator (TPA) to assist with program delivery. TPAs are entities that manage networks of CDC-recognized organizations and can provide functions such as claims processing and billing. They are generally paid a percentage of claims.
5. Seeking CDC recognition. Commercial plans and employers can apply for CDC recognition if they meet CDC's Diabetes Prevention Recognition Program (DPRP) standards. By becoming CDC-recognized organizations, commercial plans and employers may simplify network development and contracting. For more information, click [here](#).

Contract with CDC-Recognized Organizations

Commercial plans and employers will need to establish appropriate contracts with CDC-recognized organizations to deliver the program. These contracts should outline expectations between the parties and include National DPP lifestyle change program requirements.

Some common elements recommended for contracts between the commercial plan or employer and CDC-recognized organizations include:

- Description of covered services
- Program eligibility requirements
- Term of contract
- Data sharing expectations
- Reimbursement schedule
- Proper billing codes, if applicable
- CDC-recognition requirements and expectations
- Patient data confidentiality
- Participant financial responsibility (if any)

Establish Billing Processes

There are two main types of billing options or models:

1. Commercial plans or employers can contract with CDC-recognized organizations and establish an invoicing method. In this scenario, the CDC-recognized organizations invoice the commercial plan or employer based on the terms defined in the contract.
2. CDC-recognized organizations can submit claims either directly to the commercial plan or to a TPA that handles billing processes and/or network management.

If a claims billing method is used, a combination of ICD-10 and CPT codes will be assigned for diagnostic and claims-processing reasons, respectively. This method requires the commercial plan or TPA to be able to identify the CDC-recognized organization with either a National Provider Identifier (NPI) number or some other means to identify a non-traditional provider. For more information click [here](#).

Most billing methods, even those that have a flat initial fee, incorporate some type of pay-for-performance metric, such as weight loss goals, number of lessons completed, attendance rates, etc. There are some occasions when a lump sum or a per-member-per-month fee will be utilized without incorporating a performance metric. For more information click [here](#).

Code Claims

Commercial plans that intend to use a claims-based system for the program will use specified combination of CPT codes with modifiers, and ICD-10 diagnoses codes. The new National DPP-specific CPT code (0403T) is intended to be used by CDC-recognized organizations who provide the nonclinical services. The code is a Category III (temporary) code, that may be converted to a Category I or II code after the appropriate application process has been fulfilled. Its use is encouraged for commercial plans or employers who intend to pay for services rendered via claims.

Establish Mechanisms for Data and Reporting

The following are some key process flows/data exchanges that may need to be put in place to support participation identification, to ensure an appropriate reimbursement framework is established, and to support program evaluation:

Participant Identification:

- Commercial plan submission of member lists to CDC-recognized organizations, generated based on an analysis of historical claims data, to identify enrollees for outreach efforts.
- Physician group and hospital submission of electronic health record (EHR) data to a commercial plan or CDC-recognized organization to identify enrollees for outreach efforts.

Claims and Data Collection:

- CDC-recognized organization submission of a claim or invoice and encounter data to the commercial plan, employer, or TPA for reimbursement and evaluation purposes.
- CDC-recognized organization collection, and submission to CDC, of required program evaluation data elements for purposes of receiving pending, preliminary, and full recognition (for more information, click [here](#)).

Step #4: Engage Program Participants

Identify Eligible Members

Commercial plans and employers can identify prospective participants for the National DPP lifestyle change program based on participant eligibility criteria. These criteria can be found on the [CDC National Diabetes Prevention Program website](#).

Commercial plans have leveraged electronic health record data and/or medical claims data to proactively identify individuals who are or may be eligible for the program.

To identify prospective participants, one health system developed a patient registry based on electronic health record data. That registry included individuals at risk for type 2 diabetes based on CDC participant eligibility criteria. The system then used that registry to conduct targeted recruitment and referral efforts. Other commercial plans have trained and supported clinic physicians, other providers, and support staff to identify patients at risk and refer them to the program.

Recruit Members to the Program

Commercial plans and employers will need to consider appropriate and effective recruiting strategies. Some recruiting strategies may prove more time- and cost-effective than others. For example, efforts to influence a primary care provider to recommend the program to her or his eligible patients may be more cost-effective than sending direct mailings.

Some possible recruiting efforts include:

- Outreach to providers for member referrals
- Direct outreach to members identified as eligible per the CDC criteria
- Worksite screening and enrollment events

It is important to note that some in-person and online CDC-recognized organizations are willing to engage in member outreach and recruitment on behalf of the commercial plan or employer.

Step #5: Enroll and Retain Members

Enroll and Retain Members

An individual is generally considered enrolled when she or he participates in one or more sessions. Other entities have defined a person as enrolled when she or he agrees (in writing and/or verbally) to participate in the program.

Retaining members who have elected to participate is an important program objective. Some organizations conduct a readiness assessment to determine an individual's commitment to the program before enrollment. Other organizations offer program supports and incentives, such as food scales, gift cards, or wearable fitness trackers, at key program milestones to retain members over time. Some organizations indicated that the best way to retain members is having well-trained, personable lifestyle coaches.

In-person and online CDC-recognized organizations maintain attendance logs and weigh-in information. CDC-recognized organizations can aggregate these, and additional data being tracked (e.g., BMI, etc.) and provide a regular report (e.g. monthly) to the commercial plan or employer.